PTC/SB/17 (10-07)

Approved for use through 08/09/02/01. OMB 0851-0002

U.S. Patent and Trademark Coffee, U.S. DEFAITMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004,				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			18).	Application Nun	nber (	09/890,425-Conf. #1812		
			- G	Filing Date	F	February 19, 2002		
For FY 2008			П	First Named Inv	entor I	Harold G. BROWN		
				Examiner Name	Ĭ	. E. Underda	hi	***************************************
X Applicant claims small entity status See 37 CFR 1 27				Art Unit 1651				
TOTAL AMOUNT OF PAYMENT (\$) 405.00				Attorney Docket No. 2059-0103P				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Nerms: Birch, Stewart, Kolasch & Birch,								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
X Charge any additional fee(s) or underpayments of X Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FIL	JNG FEES	SEAF	RCH FEES	EXAMIN	ATION FEES	;	
Application Type	Fee (\$)	Small Entity Fee (\$) Fe	e (\$)	Small Entity Fee (S)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)
Utility	310		510-	255	210	105		10101
Design	210		100	50	130	65	***************************************	
Plant	210		310	155	160	80		
Reissue	310		510	255	620	310	***************************************	***************************************
Provisional	210	105	0	233	020	0.0	***************************************	
	210	105	U	U	υ	9		
2. EXCESS CLAIM FEES         Smell Entity           Fee Description         Fee (\$)								
Each claim over 20 (includis				50	25			
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims							370	185
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
476							Fee Paid (\$	i)
HP = highest number of total clair	ns paid for,	if greater than 20.						~
indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
18 -18- x =								
int = highest number of independ	ent claims	paid for, if greater than 3.						
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereo					or small en	tity) for each a	admonai 30	3
	ra Sheets			itional 50 or frac	tian tharnot	Fee (\$)	Fee	Paid (\$)
							2	_50.50.140.1
. 160 = /50 = (round up to a whole number) x = 4. OTHER FEE(\$) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00								
SUBMITTED BY	***************************************	_/7			***************************************			
Signature		1200-		egistration No. Itomey/Agent)	32,181	Telephone	(703) 20	5-8000
Name (Print/Type) Marc S. V.			Date	UCT 2 4	Z007			